

2005 DRAFTING REQUEST

Bill

Received: 09/23/2004

Received By: pkahler

Wanted: As time permits

Identical to LRB:

For: Administration-Budget 7-9546

By/Representing: Jablonsky

This file may be shown to any legislator: NO

Drafter: pkahler

May Contact:

Addl. Drafters:

Subject: Insurance - health
Health - miscellaneous

Extra Copies: DAK

Submit via email: NO

Pre Topic:

DOA:.....Jablonsky, BB0040 -

Topic:

HIRSP eligibility

Instructions:

See Attached

Drafting History:

| <u>Vers.</u> | <u>Drafted</u> | <u>Reviewed</u> | <u>Typed</u> | <u>Proofed</u> | <u>Submitted</u> | <u>Jacketed</u> | <u>Required</u> |
|--------------|-----------------------|--------------------|------------------------|----------------|------------------------|-----------------|-----------------|
| /? | pkahler 11/05/2004 | jdye 11/22/2004 | | _____ | | | State |
| /P1 | | | rschluet 11/22/2004 | _____ | lnorthro 11/22/2004 | | State |
| /1 | pkahler 01/18/2005 | jdye 01/19/2005 | rschluet 01/19/2005 | _____ | lnorthro 01/19/2005 | | |

FE Sent For:

<END>

0135 <END>

2005 DRAFTING REQUEST

Bill

Received: **09/23/2004**

Received By: **pkahler**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 7-9546**

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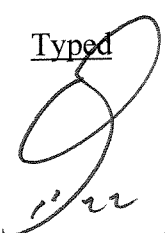
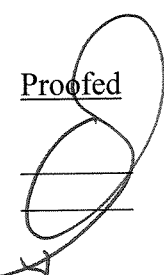
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|--------------|----------------|---|---|---|------------------|-----------------|-----------------|
| /? | pkahler |  |  |  | | | |

FE Sent For:

<END>

BB0040

2003-05 Budget Bill Statutory Language Drafting Request

- Topic: HIRSP MA Eligible
- Tracking Code: (Assigned by Government Operations Team)
- SBO team: HRT
- SBO analyst: Susan Jablonsky
 - Phone: 7-9546
 - Email: sue.jablonsky@doa.state.wi.us
- Agency acronym: DHFS
- Agency number: 435

Topic: HIRSP Eligibility and Individuals Receiving Limited MA Benefits

Current Language

Under s.149.12(2)(f), eligibility for HIRSP is prohibited for any who is eligible for Medical Assistance (MA). Medical Assistance is defined under 149.10(6) as health care benefits provided under Subchapter IV of Chapter 49.

Proposed Change

It is proposed that HIRSP eligibility be changed to:

- Allow individuals that qualify for limited MA benefits to be able to participate in the HIRSP program if they meet the other HIRSP eligibility criteria.
- Prohibit individuals eligible for BadgerCare from participating in HIRSP.
- Prohibit individuals eligible for COP waiver, CIP-II, CIP-I, Brain Injury Waiver, and Children Long Term Support Waivers from participating in HIRSP. Allow individuals on COP regular to be HIRSP eligible only if they do not receive traditional Medical Assistance benefits.

Effect of the Change

These changes will allow individuals that receive limited health care coverage to be able to participate in the HIRSP program if they meet the other HIRSP eligibility criteria and prohibit individuals that receive comprehensive health care benefits from becoming eligible for HIRSP.

Rationale for the Change

Traditional Medical Assistance provides comprehensive health care coverage for certain needy and low-income individuals and families. Certain criteria must be met for individuals to be eligible to receive general Medical Assistance benefits. In addition to the traditional Medical Assistance program, there are several special sub-programs under Medical Assistance that provide limited benefits to individuals who do not meet all the regular MA eligibility requirements. Although these sub-programs are classified under medical assistance, recipients do not receive complete medical insurance. Currently, people that are eligible for limited MA benefits are not allowed to participate in HIRSP even though they may have significant other medical expenses, which are not covered by the limited benefit. The limited Medical assistance benefits under Subchapter IV of Chapter 49 include:

- ✓ • **Family Planning Waiver (FPW):** Allows women between the ages of 15 and 44 who have a family gross income that does not exceed 185% of the federal poverty to receive health care coverage for selected family planning services and supplies. 49.45(24r)
- ? • **Specified Low-income Medicare Beneficiary (SLMB):** Pays the Medicare part B premium for specified low-income Medicare eligible individuals. 49.47(6)(a)6m, 1395r (1m) 49.46(2)(cm) ? (1m)
- ✓ • **Qualified Medicare Beneficiary (QMB):** Individuals who are entitled to Medicare hospital insurance benefits (Part A) whose income does not exceed 100 percent of the federal poverty level and whose resources do not exceed twice the SSI resource limit are provided reimbursement for premium, coinsurance and deductibles for both Part A and Part B. (1) 49.47(6)(a)6, HFS103.07(1) 49.46(2)(c) (1m)
- ✓ • **Qualified Disabled Working Individual (QDWI):** Certain disabled employed individuals who do not meet general MA eligibility criteria but meet income and resource criteria may receive Medicaid reimbursement of Medicare Part A premium. 49.468(2)
- ✓ • **Tuberculosis:** People who have tuberculosis and who meet the income and resource eligibility requirements for SSI are eligible for selected MA-covered services. 49.46(1)(a) 15.
- ✓ • **Presumptive Medical Assistance Eligibility:** Certain pregnant women are eligible for benefits limited to ambulatory (outpatient) prenatal care. 49.465
- ? ✓ • **Emergency Services:** Citizens who are not MA eligible solely because they are not US citizens are eligible for benefits limited to emergency services. 49.45(27)

Furthermore, current law does not specifically prohibit individuals who receive BadgerCare or SeniorCare from participating in the HIRSP plan since these programs are included in Subchapter V of Chapter 49. Also, current law does not specifically prohibit individuals in the COP Waiver, CIP-II, CIP-I, Brain Injury Waiver, Children Long Term Support Waivers, and COP regular from participating in HIRSP since these programs are included in Chapter 46.

BadgerCare offers health benefits to low-income working families with children. It provides coverage for families with incomes too high for regular Medicaid who are without access to health insurance. Since BadgerCare offers comprehensive medical insurance it is proposed that these individuals be excluded from participating in HIRSP. SeniorCare offers prescription drug coverage to individuals over 65 that meet certain income requirements. Since SeniorCare only provides prescription drug coverage, it is proposed that SeniorCare recipients continue to be eligible to participate in HIRSP. (must be 65; see 149.12(2)(d)2.b.)

The waiver programs provide long-term care services to individuals that meet a specified level of care. Individuals under COP waiver, CIP-II, CIP-I, Brain Injury Waiver, and Children Long Term Support Waivers receive traditional MA medical benefits. Because they receive comprehensive benefits, it is proposed that these individuals not be allowed to participate in HIRSP. However, COP regular recipients receive traditional MA benefits only if they meet specified income guidelines. Therefore, it is proposed that individuals on COP regular be allowed to enroll in HIRSP only if they are not receiving traditional MA medical benefits.

Desired Effective Date: Upon Passage of the Bill

Agency: DHFS
Agency Contact: Curtis Cunningham
Phone: 266-5362

Kahler, Pam

From: Kahler, Pam
Sent: Monday, October 04, 2004 4:22 PM
To: Jablonsky, Sue
Subject: RE: HIRSP draft question

Thanks.

-----Original Message-----

From: Jablonsky, Sue
Sent: Monday, October 04, 2004 4:20 PM
To: Kahler, Pam
Subject: RE: HIRSP draft question

i sent it on to Curtis

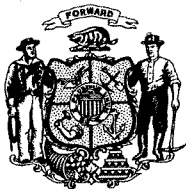
-----Original Message-----

From: Kahler, Pam [mailto:Pam.Kahler@legis.state.wi.us]
Sent: Monday, October 04, 2004 4:03 PM
To: Jablonsky, Sue
Subject: HIRSP draft question

Hi, Sue:

I have a question about one of the HIRSP budget drafts. It's the one on eligibility. Curtis Cunningham wants to allow certain people who are eligible for "limited" MA benefits to also be eligible for HIRSP. One of those limited ones is "Qualified Medicare Beneficiary" or QMB. He says that they are eligible for Medicare Part A and that MA pays premiums, coinsurance, and deductibles for both Part A and Part B. I talked to Debora about this because she deals with Medicare more than I and we found in a Medicare book that she has that QMBs are those under ss. 49.46 (2) (c), 49.468 (1), and 49.47 (6) (a) 6. If you look at those sections, though, some individuals are entitled to Part A *and* Part B, some Part A *only*, and some Part B *only*, and for those individuals, MA pays various combinations. He doesn't say they're entitled to *only* Part A, so I don't know how specific he's being or if he wants to include everyone under those sections I listed. Do you want to find out for me, or do you want me to call him? I just need to know the proper statutory citations.

Thanks,
Pam



State of Wisconsin
2005 - 2006 LEGISLATURE

LRB-02707
PJK&DAK:.....

SOON

PI
jcd

DOA:.....Jablonsky, BB0040 - HIRSP eligibility

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION

D-note

do not
gen cat

1 AN ACT; relating to: the budget. ✓

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES ✓

OTHER HEALTH AND HUMAN SERVICES ✓

The Health Insurance Risk-Sharing Plan (HIRSP) under current law provides major medical health insurance coverage for persons who are covered under Medicare because they are disabled, persons who have tested positive for human immunodeficiency virus (HIV), persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health condition, as well as persons who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage for at least 18 months in the past. Specifically excluded from coverage under HIRSP are persons who are eligible for coverage under the Medical Assistance (MA) program, which is a program funded partially with state moneys and partially with federal moneys providing comprehensive, as well as various types of limited, health care services to persons who are eligible, which is generally based on a person's income.

This bill provides that persons who are eligible for only certain limited services provided under MA are not ineligible for HIRSP coverage because of their eligibility for those MA services, which include family planning services for low-income women between the ages of 15 and 44 years; payment of Medicare premiums, deductibles, and coinsurance for persons eligible for Medicare who meet the income and resource

limitations; emergency medical services for persons who are not U.S. citizens; health care services for persons with tuberculosis who meet the income and resource requirements for the federal Supplemental Security Income program; and outpatient prenatal care for pregnant women who meet the income limitation.

The bill also specifically provides that persons who are eligible for the following programs are ineligible for HIRSP coverage: the Badger Care health care program (commonly known as BadgerCare), under which low-income families and children who do not reside with a parent receive comprehensive health care services; a program providing long-term care for children with disabilities and their families, including in-home habilitation services for children with autism spectrum disorders; the community integration programs commonly known as "CIP IA," "CIP IB," and "CIP II," under which persons who reside in state centers for the developmentally disabled or other institutions are relocated into their communities and provided home and community-based services; and the waiver program under the Long-Term Support Community Options Program (commonly known as "COP-Waiver"), under which persons who are elderly, physically or developmentally disabled, chronically mentally ill, or chemically dependent receive long-term community support services. All of these programs are administered by DHFS under waivers of federal Medicaid (the federal version of MA) law and are funded in part from federal Medicaid moneys.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 49.46 (1) (a) 15. of the statutes is amended to read:

2 49.46 (1) (a) 15. Any individual who is infected with tuberculosis and meets the
3 income and resource eligibility requirements for the federal supplemental security
4 Supplemental Security Income program under 42 USC 1381 to 1383d.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33.

5 **SECTION 2.** 149.12 (2) (f) of the statutes is renumbered 149.12 (2) (f) 1. and
6 amended to read:

7 149.12 (2) (f) 1. ~~No~~ Except as provided in subd. 2., no person who is eligible for
8 medical assistance is eligible for coverage under the plan.

History: 1979 c. 313; 1983 a. 27, 215; 1985 a. 29, 73; 1987 a. 27, 70, 239; 1989 a. 201 s. 36; 1989 a. 332, 359; 1991 a. 39, 250; 1993 a. 27; 1995 a. 27, 407; 1997 a. 27 ss. 3025f, 4826 to 4831e; Stats. 1997 s. 149.12; 1999 a. 9.

CC
quotation
marks

1 **SECTION 3.** 149.12 (2) (f) 2. of the statutes is created to read:

2 149.12 (2) (f) 2. Subdivision 1. does not apply to a person who is eligible for only
3 any of the following types of medical assistance:

4 a. Family planning services under s. 49.45 (24r).

5 b. Care and services for the treatment of an emergency medical condition under
6 42 USC 1396b (v), as provided in s. 49.45 (27).

7 c. Medical assistance under s. 49.46 (1) (a) 15.

8 d. Ambulatory prenatal care under s. 49.465.

9 e. Medicare premium, coinsurance, and deductible payments under s. 49.46 (2)
10 (c) 2. or 3., 49.468 (1) (b) or (c), or 49.47 (6) (a) 6. b. or c.

11 f. Medicare premium payments under s. 49.46 (2) (cm), 49.468 (1m) or (2), or
12 49.47 (6) (a) 6m.

13 **SECTION 4.** 149.12 (2) (g) of the statutes is created to read:

14 149.12 (2) (g) No person who is eligible for health care coverage under the
15 Badger Care health care program under s. 49.665 is eligible for coverage under the
16 plan.

17 **SECTION 5.** 149.12 (2) (h) of the statutes is created to read:

18 149.12 (2) (h) No person who is eligible for services under s. 46.27 (11), 46.275,
19 46.277, or 46.278, or for services provided under a waiver requested under 2001
20 Wisconsin Act 16, section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c), is
21 eligible for coverage under the plan.

22 (END)

D-note

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0270/dn

PJK:.....

P1
JL

Sue:

Since it has been over a month since you forwarded my question about what statutory citations apply to Qualified Medicare Beneficiaries (QMBs) and I still haven't received any response, I decided to go ahead and take a stab at it. Perhaps DHFS isn't interested in this draft anymore, but if they are, perhaps having a draft to work with will help.

Do you know if s. 149.12 (3) (a) would apply to the Medicare premium, deductible, and coinsurance payments under proposed s. 149.12 (2) (f) 2. e. and g.? If so, I should redraft those provisions to address that relationship.

I noticed that s. 49.46 (1) (a) 15. was missing the word "income" after "supplemental security" so I made the technical correction.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0270/P1dn
PJK:jld:rs

November 22, 2004

Sue:

Since it has been over a month since you forwarded my question about what statutory citations apply to Qualified Medicare Beneficiaries (QMBs) and I still haven't received any response, I decided to go ahead and take a stab at it. Perhaps DHFS isn't interested in this draft anymore, but if they are, perhaps having a draft to work with will help.

Do you know if s. 149.12 (3) (a) would apply to the Medicare premium, deductible, and coinsurance payments under proposed s. 149.12 (2) (f) 2. e. and f.? If so, I should redraft those provisions to address that relationship.

I noticed that s. 49.46 (1) (a) 15. was missing the word "income" after "supplemental security" so I made the technical correction of adding it.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.state.wi.us

Kahler, Pam

From: Cunningham, Curtis
Sent: Thursday, January 13, 2005 11:29 AM
To: Jablonsky, Sue; Kahler, Pam; Kristan, Margaret
Cc: Dombrowicki, Angela; Cunningham, Curtis; Malofsky, Shelley; Megna, Richard
Subject: Re: Fwd: FW: LRB Draft: 05-0270/P1 HIRSP eligibility

Sue,
Attached are our comments. Due to the short time frame please assume Shelly's answers to the drafter's questions are correct (I think she is correct). Also, please exclude the programs Shelly refers to since under these programs individuals receive full MA benefits.

Margaret,
I think you are out of the office today and I will be out tomorrow. Therefore, if you have additional comments, please contact Sue and Pam directly.

Regards,
Curtis

-----Original Message-----

Date: 01/10/2005 02:42 pm -0600 (Monday)
From: Shelley Malofsky
To: Cunningham, Curtis
CC: Kristan, Margaret
Subject: Re: Fwd: FW: LRB Draft: 05-0270/P1 HIRSP eligibility

Although it certainly could be argued otherwise, I believe that 149.12(3) as always been interpreted to apply to programs that pay the HIRSP premium, deductible and coinsurance. So, medicaid paying medicare premiums, etc., shouldn't invoke 149.12(3). I'm copying Margaret so she can correct me if I'm wrong. Also, as to Pam's question about the medicare buy-ins, I think her list is right but I suggest that BHCE look it over.

My earlier email commented on the section (the new 149.12(2)(h)) that said what eligibility in the statutes other than in subch. IV of Ch. 49 would make a person HIRSP ineligible. That section includes COP-Waiver (not regular) (and other waiver programs), so if COP-Waiver is listed then why isn't its replacement in the pilot counties -- Family Care MA? And, I still question the other programs listed. According to my reading of a chart that Melody Suthers (HIRSP) and Jim Jones put together, I do think that the brain injury waiver, CSLA, Family Care MA and PACE and Partnership need to be added. Again, BHCE should probably weigh in. The question to them should be: are these full medicaid benefit programs that are authorized in the statutes outside of 49.43-49.499?

* * * * *

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>>> Curtis Cunningham Monday, January 10, 2005 1:24:41 PM >>>
As you know, the intent is to only allow eligibles that don't receive full benefits eligible for HIRSP. The programs below allow the enrolled individuals to receive card benefits, therefore they are not included.

in (2)(h) :
Family Care MA
PACE
Partnership
CSLA (?)
brain injury waiver (?)

Since some COP regular individuals do not receive MA card benefits, they are not excluded from participating. Do you have any comments on the drafters notes?

>>> Shelley Malofsky 01/10/05 11:49AM >>>

We've probably had past emails explaining our listing, but I'm not sure why some community waivers programs are listed but not others in making a person ineligible for HIRSP. Why isn't Family Care MA, PACE, Partnership, Brain injury or CSLA included? If you don't know off-hand, maybe a BHCE person should also look this over.

* * * * *

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>>> Curtis Cunningham Friday, January 07, 2005 8:27:18 AM >>>

Shelly,
Attached is the HIRSP Limited MA eligibility stat lang. Let me know if you need anything else.

Thanks

Kahler, Pam

From: Jablonsky, Sue
Sent: Tuesday, January 18, 2005 2:11 PM
To: Kahler, Pam
Subject: FW: FW: LRB-0270

-----Original Message-----

From: Malofsky, Shelley
Sent: Tuesday, January 18, 2005 1:51 PM
To: Jablonsky, Sue; Cunningham, Curtis
Subject: Re: FW: LRB-0270

Family Care is authorized under 46.286 (or whatever the proper FC reference is), not under subch. IV of Ch. 49 so I think it needs to be mentioned.

Also, CSLA (community supported living arrangement) was a waiver program for developmentally disabled but I just learned it ended in January, 2004 so that's no longer an issue.

Pam is correct about brain injury.

* * * * *

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>>> Jablonsky, Sue Tuesday, January 18, 2005 12:22:28 PM >>>

-----Original Message-----

From: Kahler, Pam [mailto:Pam.Kahler@legis.state.wi.us]
Sent: Tuesday, January 18, 2005 11:47 AM
To: Jablonsky, Sue
Subject: LRB-0270

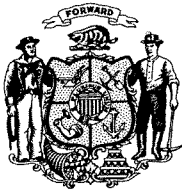
Sue:

What I gathered from Shelley Malofsky's email was that persons receiving services under any of the following should be added as not eligible for HIRSP:

1. PACE
2. Partnership
3. Family Care MA
4. Brain injury waiver
5. CSLA

I can do PACE and Partnership; since a person who is eligible for MA is already not eligible for HIRSP, persons receiving services under Family Care MA should already not be eligible and should not need to be added; and the brain injury waiver is already included in the draft under s. 46.278. No one knows what "CSLA" means, so if you could find that out, that should take care of it. Thanks.

Pam



State of Wisconsin
2005 - 2006 LEGISLATURE

TODAY

LRB-0270/1
PJK&DAK:jld:rs

rmis

DOA:.....Jablonsky, BB0040 - HIRSP eligibility

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION

*do not
go cut ✓*

1 AN ACT; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

OTHER HEALTH AND HUMAN SERVICES

The Health Insurance Risk-Sharing Plan (HIRSP) under current law provides major medical health insurance coverage for persons who are covered under Medicare because they are disabled, persons who have tested positive for human immunodeficiency virus (HIV), persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health condition, as well as persons who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage for at least 18 months in the past. Specifically excluded from coverage under HIRSP are persons who are eligible for coverage under the Medical Assistance (MA) program, which is a program funded partially with state moneys and partially with federal moneys providing comprehensive, as well as various types of limited, health care services to persons who are eligible, which is generally based on a person's income.

This bill provides that persons who are eligible for only certain limited services provided under MA are not ineligible for HIRSP coverage because of their eligibility for those MA services, which include family planning services for low-income women between the ages of 15 and 44 years; payment of Medicare premiums, deductibles, and coinsurance for persons eligible for Medicare who meet the income and resource

limitations; emergency medical services for persons who are not U.S. citizens; health care services for persons with tuberculosis who meet the income and resource requirements for the federal Supplemental Security Income program; and outpatient prenatal care for pregnant women who meet the income limitation.

or benefits → The bill also specifically provides that persons who are eligible for the following programs are ineligible for HIRSP coverage: the Badger Care health care program (commonly known as BadgerCare), under which low-income families and children who do not reside with a parent receive comprehensive health care services; a program providing long-term care for children with disabilities and their families, including in-home habilitation services for children with autism spectrum disorders; the community integration programs commonly known as "CIP IA," "CIP IB," and "CIP II," under which persons who reside in state centers for the developmentally disabled or other institutions are relocated into their communities and provided home and community-based services; ~~and~~ the waiver program under the Long-Term Support Community Options Program (commonly known as "COP-Waiver"), under which persons who are elderly, physically or developmentally disabled, chronically mentally ill, or chemically dependent receive long-term community support services. *Insert A* → All of these programs are administered by DHFS under waivers of federal Medicaid (the federal version of MA) law and are funded in part from federal Medicaid moneys.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 49.46 (1) (a) 15. of the statutes is amended to read:

2 49.46 (1) (a) 15. Any individual who is infected with tuberculosis and meets the
3 income and resource eligibility requirements for the federal supplemental security
4 Supplemental Security Income program under 42 USC 1381 to 1383d.

5 **SECTION 2.** 149.12 (2) (f) of the statutes is renumbered 149.12 (2) (f) 1. and
6 amended to read:

7 149.12 (2) (f) 1. No Except as provided in subd. 2., no person who is eligible for
8 medical assistance is eligible for coverage under the plan.

9 **SECTION 3.** 149.12 (2) (f) 2. of the statutes is created to read:

1 149.12 (2) (f) 2. Subdivision 1. does not apply to a person who is eligible for only
2 any of the following types of medical assistance:

3 a. Family planning services under s. 49.45 (24r).

4 b. Care and services for the treatment of an emergency medical condition under
5 42 USC 1396b (v), as provided in s. 49.45 (27).

6 c. Medical assistance under s. 49.46 (1) (a) 15.

7 d. Ambulatory prenatal care under s. 49.465.

8 e. Medicare premium, coinsurance, and deductible payments under s. 49.46 (2)
9 (c) 2. or 3., 49.468 (1) (b) or (c), or 49.47 (6) (a) 6. b. or c.

10 f. Medicare premium payments under s. 49.46 (2) (cm), 49.468 (1m) or (2), or
11 49.47 (6) (a) 6m.

12 **SECTION 4.** 149.12 (2) (g) of the statutes is created to read:

13 149.12 (2) (g) No person who is eligible for health care coverage under the
14 Badger Care health care program under s. 49.665 is eligible for coverage under the
15 plan.

16 **SECTION 5.** 149.12 (2) (h) of the statutes is created to read:

17 149.12 (2) (h) No person who is eligible for services under s. 46.27 (11), 46.275,
18 46.277, or 46.278, or for services provided under a waiver requested under 2001
19 Wisconsin Act 16, section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c),
20 is eligible for coverage under the plan.

21

(END)

✓
Insert 3-20

**2005-2006 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0270/lins
PJK&DAK:jdr

INSERT A

wg
; the Program for All-inclusive Care for the Elderly (known as PACE) or the Wisconsin Partnership Program (known as Partnership), both of which are managed care programs providing acute health and long-term care for elderly and disabled individuals who are eligible for nursing home care; and medical assistance provided under the Family Care Program, under which financial assistance is provided for long-term care and support items to persons who have physical or developmental disabilities or infirmities of aging and who meet certain financial and functional criteria

(END OF INSERT A)

INSERT 3-20

1 **SECTION 1.** 149.12 (2) (g) of the statutes is created to read:

2 149.12 (2) (g) A person is not eligible for coverage under the plan if the person
3 is eligible for any of the following:

4 1. Services under s. 46.27 (11), 46.275, 46.277, or 46.278.

5 2. Medical assistance provided as part of a family care benefit, as defined in s.
6 46.2805 (4).

7 3. Services provided under a waiver requested under 2001 Wisconsin Act 16,
8 section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c).

9 4. Services provided under the program of all-inclusive care for persons aged
10 55 or older authorized under 42 USC 1396u-4.

11 5. Services provided under the demonstration program under a federal waiver
12 authorized under 42 USC 1315.

13 6. Health care coverage under the Badger Care health care program under s.
14 49.665.

(END OF INSERT 3-20)



State of Wisconsin
2005 - 2006 LEGISLATURE

LRB-0270/1

PJK:jld:rs

DOA:.....Jablonsky, BB0040 - HIRSP eligibility

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION

1 AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

OTHER HEALTH AND HUMAN SERVICES

The Health Insurance Risk-Sharing Plan (HIRSP) under current law provides major medical health insurance coverage for persons who are covered under Medicare because they are disabled, persons who have tested positive for human immunodeficiency virus (HIV), persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health condition, as well as persons who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage for at least 18 months in the past. Specifically excluded from coverage under HIRSP are persons who are eligible for coverage under the Medical Assistance (MA) program, which is a program funded partially with state moneys and partially with federal moneys providing comprehensive, as well as various types of limited, health care services to persons who are eligible, which is generally based on a person's income.

This bill provides that persons who are eligible for only certain limited services provided under MA are not ineligible for HIRSP coverage because of their eligibility for those MA services, which include family planning services for low-income women between the ages of 15 and 44 years; payment of Medicare premiums, deductibles, and coinsurance for persons eligible for Medicare who meet the income and resource

limitations; emergency medical services for persons who are not U.S. citizens; health care services for persons with tuberculosis who meet the income and resource requirements for the federal Supplemental Security Income program; and outpatient prenatal care for pregnant women who meet the income limitation.

The bill also specifically provides that persons who are eligible for the following programs or benefits are ineligible for HIRSP coverage: the Badger Care health care program (commonly known as BadgerCare), under which low-income families and children who do not reside with a parent receive comprehensive health care services; a program providing long-term care for children with disabilities and their families, including in-home habilitation services for children with autism spectrum disorders; the community integration programs commonly known as “CIP IA,” “CIP IB,” and “CIP II,” under which persons who reside in state centers for the developmentally disabled or other institutions are relocated into their communities and provided home and community-based services; the waiver program under the Long-Term Support Community Options Program (commonly known as “COP-Waiver”), under which persons who are elderly, physically or developmentally disabled, chronically mentally ill, or chemically dependent receive long-term community support services; the Program for All-inclusive Care for the Elderly (known as PACE) or the Wisconsin Partnership Program (known as Partnership), both of which are managed care programs providing acute health and long-term care for elderly and disabled individuals who are eligible for nursing home care; and medical assistance provided under the Family Care Program, under which financial assistance is provided for long-term care and support items to persons who have physical or developmental disabilities or infirmities of aging and who meet certain financial and functional criteria.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

- 1 **SECTION 1.** 49.46 (1) (a) 15. of the statutes is amended to read:
- 2 49.46 (1) (a) 15. Any individual who is infected with tuberculosis and meets the
- 3 income and resource eligibility requirements for the federal supplemental security
- 4 Supplemental Security Income program under 42 USC 1381 to 1383d.
- 5 **SECTION 2.** 149.12 (2) (f) of the statutes is renumbered 149.12 (2) (f) 1. and
- 6 amended to read:

1 149.12 (2) (f) 1. ~~No~~ Except as provided in subd. 2., no person who is eligible for
2 medical assistance is eligible for coverage under the plan.

3 **SECTION 3.** 149.12 (2) (f) 2. of the statutes is created to read:

4 149.12 (2) (f) 2. Subdivision 1. does not apply to a person who is eligible for only
5 any of the following types of medical assistance:

6 a. Family planning services under s. 49.45 (24r).

7 b. Care and services for the treatment of an emergency medical condition under
8 42 USC 1396b (v), as provided in s. 49.45 (27).

9 c. Medical assistance under s. 49.46 (1) (a) 15.

10 d. Ambulatory prenatal care under s. 49.465.

11 e. Medicare premium, coinsurance, and deductible payments under s. 49.46 (2)
12 (c) 2. or 3., 49.468 (1) (b) or (c), or 49.47 (6) (a) 6. b. or c.

13 f. Medicare premium payments under s. 49.46 (2) (cm), 49.468 (1m) or (2), or
14 49.47 (6) (a) 6m.

15 **SECTION 4.** 149.12 (2) (g) of the statutes is created to read:

16 149.12 (2) (g) A person is not eligible for coverage under the plan if the person
17 is eligible for any of the following:

18 1. Services under s. 46.27 (11), 46.275, 46.277, or 46.278.

19 2. Medical assistance provided as part of a family care benefit, as defined in s.
20 46.2805 (4).

21 3. Services provided under a waiver requested under 2001 Wisconsin Act 16,
22 section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c).

23 4. Services provided under the program of all-inclusive care for persons aged
24 55 or older authorized under 42 USC 1396u-4.

1 5. Services provided under the demonstration program under a federal waiver
2 authorized under 42 USC 1315.

3 6. Health care coverage under the Badger Care health care program under s.
4 49.665.

5 (END)